

# Scope of Sales Appointment Confirmation

In the space provided below, please initial the type of health product(s) you want the agent to discuss.

Medicare Advantage plans (Part C)

Vision plans

Stand-alone prescription drug plans (Part D)

Hospital indemnity

Medicare Supplement plans

Other health products (please list)

Dental plans

Beneficiary or authorized representative signature and signature date:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address (street, city, state, ZIP code) \_\_\_\_\_

Relationship to the beneficiary \_\_\_\_\_

\_\_\_\_\_

Medicare ID number \_\_\_\_\_

**By signing the form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.**

Signature \_\_\_\_\_

Signature date \_\_\_\_/\_\_\_\_/\_\_\_\_

Agent signature \_\_\_\_\_

Agent signature date \_\_\_\_/\_\_\_\_/\_\_\_\_

**To be completed by agent:** (Please print)

Agent name \_\_\_\_\_

Agent phone \_\_\_\_\_

Agent SAN \_\_\_\_\_

**Agent please mail this form to:**

MarketPoint

P.O. Box 14637

Lexington, KY 40512-4637

Or fax to: 1-877-889-9936

**Initial method of contact:** (Indicate here if beneficiary was a walk-in.)

Agent book of business

**Walk-in locations:**

Agent contact

Walmart

Market office

Beneficiary referral

Other retail

Other \_\_\_\_\_

Agent referral

Guidance Center

Appointment date \_\_\_\_/\_\_\_\_/\_\_\_\_ Plan(s) the agent represented \_\_\_\_\_

Application # – paper barcode, MAPA ID or recording ID \_\_\_\_\_

Date appointment completed \_\_\_\_/\_\_\_\_/\_\_\_\_

Humana is a Medicare Advantage HMO, PPO and PFFS organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-320-1235 (TTY: 711)**.

## **Discrimination is Against the Law**

Humana Inc. and its subsidiaries (“Humana”) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. See our website for more information. English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-320-1235 (TTY: 711)**. Español (Spanish): ATENCIÓN: habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-320-1235 (TTY: 711)**. 繁體中文 (Chinese): 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 **1-877-320-1235 (TTY: 711)**。